

# SAFL CONSENT FORM

SUBURBAN AMATEUR  
FOOTBALL LEAGUE



FOOTBALL

PLAYER		PLEASE PRINT FIRMLY AND LEGIBLE TO MAKE MULTIPLE COPIES										
Last Name				First Name				Initial				
Address				City								
State	Zip Code	Area Code	Telephone Number		Birth Date	Month	Day	Year	Age	DIVISION		PW <input type="checkbox"/>
										JR. <input type="checkbox"/>		SR. <input type="checkbox"/>

## CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent of legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or wellbeing of my dependent.

Signature of Parent/Guardian

X \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business/Cell \_\_\_\_\_

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the SAFL, its affiliated teams, organizations, and sponsors. Recognizing the possibility of physical injury associated with football, and in consideration for the SAFL accepting the registrant for its football games and activities (the "Games"). I hereby release, discharge and/or otherwise indemnify the SAFL, its affiliated teams, organizations, and facilities utilized for the games, against any claim by or on behalf of the registrant as a result of the registrants participation in the games and/or being transported to and from the same, which transportation I hereby authorize.

Name \_\_\_\_\_

Parent/Guardian (please print)

Signature X

Date

# S.A.F.L. REGISTRATION FORM

SUBURBAN AMATEUR  
FOOTBALL LEAGUE



PLEASE SIGN FORM AT ALL 3 X'S

PLAYER		PLEASE PRINT FIRMLY AND LEGIBLE TO MAKE MULTIPLE COPIES										
Last Name				First Name				Init				
Address				City								
State	Zip Code	Area Code	Telephone Number	Birth Date	Month	Day	Year	Age	DIVISION PW <input type="checkbox"/> JR. <input type="checkbox"/> SR. <input type="checkbox"/>			

Father's Name	Occupation	OPTIONAL	Bus. Phone
Mother's Name	Occupation	OPTIONAL	Bus. Phone
List any medical problem or prohibition player has			
Person to notify in emergency	Telephone		
Doctor to notify in emergency	Telephone		
Parents health and accident insurance company	Policy No.		
Height	Weight	School	Grade

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the SAFL, its affiliated teams, organizations, and sponsors. Recognizing the possibility of physical injury associated with football, and in consideration for the SAFL accepting the registrant for its football games and activities (the "Games"). I hereby release, discharge and/or otherwise indemnify the SAFL, its affiliated teams, organizations, and facilities utilized for the games, against any claim by or on behalf of the registrant as a result of the registrant's participation in the games and/or being transported to and from the same, which transportation I hereby authorize.

Name \_\_\_\_\_  
Parent/Legal Guardian (please print)  
Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

## CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature of Parent/Guardian

**X** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Bus. \_\_\_\_\_

## PARENT/GUARDIAN

### CONSENT FOR DISSEMINATION OF STUDENT RECORD TO THIRD PARTY

I give permission for the following third party, (the Suburban Amateur Football League) to receive a copy of the parts the child's student record noted below.

### REASON FOR RELEASE OF RECORDS

Eligibility to participate in the Suburban Amateur Football League.

### PARTS OF RECORD TO BE RELEASED TO BE COMPLETED BY SCHOOL ADMINISTRATION ONLY

- |     |  |       |
|-----|--|-------|
| I   | Name   |       |
| II  | Date of Birth                                |       |
| III | Present Address                              |       |
| IV  | Last Address(if moved within last 12 months) |       |
| II  | School                                       | Grade |
| VI  | Name, Address of Parent/Guardian             |       |

**X**

Signature of Parent/Guardian

Date